

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **795**

Registrar's No. _____

1. Place of Death: (a) County Cochise (b) City or Town Pomerene (c) Location _____ (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution _____; In Community 15 years; In Arizona 55 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Pomerene
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) No
(f) Yes, which country _____ (c) Social Security No. unknown
3. (a) FULL NAME Tory Benjamin Lofgreen (b) If Veteran name war no

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced Divorced
6. (b) Name of husband or wife Margaret Dana Lofgreen 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased April 30 1880
(Month) (Day) (Year)
8. AGE: Years 67 Months 9 Days 23 hrs. _____ min. _____
9. Birthplace Huntsville Utah
(City, town or county) (State or Country)
10. Usual Occupation Carpenter
11. Industry or Business _____
Father { 12. Name Benjamin Levi Lofgreen
13. Birthplace Sweden
(City, town or county) (State or Country)
Mother { 14. Maiden Name Anna Lofgreen
15. Birthplace Sweden
(City, town or county) (State or Country)

16. (a) Informant's own signature _____
(b) Address Pomerene, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Mesa, Arizona (c) Date 2/23 19 48
18. (a) Embalmer's Signature Howard A. Bring
(b) Funeral Director Howard A. Bring
(c) Address Bring's Funeral Home, Tucson, Ariz.
19. (a) February 25 1948
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 23 19 48
TIME (Hour and minute) 8:30 A.M.
21. I hereby certify that I attended the deceased from 2-23-48
to 2-23-48, 19 48,
that I last saw him alive on Feb. 1 19 48,
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure

DURATION
immediate

Due to Cause unknown

Due to probable coronary
arteriosclerosis

Other conditions _____
(include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M. D.
Address [Signature] Date signed 3-23-48